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## 50+ WELLNESS

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A PUBLICATION OF THE  
CALEDONIAN-RECORD  
PUBLISHING COMPANY  
190 Federal Street, P.O. Box 8,  
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# BABY STEPS FOR BIG CHANGE

What is exercise? What is physical activity?

People are programmed to keep moving and being active. We are not wired to stand still for long periods of time.

Since the start of time, humans would perform some sort of exercise or physical fitness to complete tasks. Spartan warriors would train for countless hours a day to be in prime condition to fight battles, farmers would toss bales of hay around and perform manual labor, and professional athletes never have an off season.

The U.S. population is now at an all-time high for obesity, due to the fact that we aren't as active as we once were. A lot of people have sit-down jobs, they go home from work and watch television, they get injured and don't move, and the majority of the population doesn't like hard work.

Products are being created everyday to make daily tasks easier on us. Why do we want this?

Compare a Spartan warrior to an average individual these days. Observe the body composition and work ethic. Everything was manual labor for individuals back in those days and obesity was extremely uncommon because there were no tools, gadgets, or products to do tasks for them; they had to physically do every-

thing.

So what is physical activity? We do it everyday: climbing stairs, washing the car, doing dishes, basically any skeletal movement that requires energy expenditure.

As we age, it is even more important that we maintain an active lifestyle for several reasons, one main factor being osteoporosis/muscle atrophy (muscle loss). After the age of 35 years, bone-forming cells decrease. Bone density decreases about 0.5%-1.0% per year after the age of 40 years.

If individuals maintain an inactive and unhealthy lifestyle, osteoporosis chances increase due to the fact that there is no stimulus to increase bone mineral density. One of the best preventative for osteoporosis and atrophy is exercise and physical activity.

Another large reason to maintain a healthy and active lifestyle is the cardiovascular system. These days, medicine is the answer to all health issues. When we stay active, we can naturally decrease our resting heart rate and lower our blood pressure. Some individuals who are hypertensive and on medications to keep their blood pressure in normal ranges can actually get off or decrease their dosage when they make

healthier, active lifestyle changes.

Anxiety and depression are also key conditions where medicine is used to treat the symptoms. Engaging in an active lifestyle can actually decrease anxiety and depression due to the fact that exercise is a natural stress reliever because of the release of endorphins in the system, which significantly stimulates brain activity.

Just because we age doesn't mean we need to stop performing everyday tasks. No matter what age you are, we can all stay active; the only factor that changes is that the tasks may be done slower, but they are still doable!

It's all about taking baby steps! Making small adjustments in your daily life have large effects that could benefit you tremendously.

We are designed to move and be healthy, efficient machines. Try making one adjustment a week. Instead of taking an elevator, walk the flight of stairs. Instead of parking next to the building, park farther away in the parking lot so you have to walk. If you feel like watching television, during commercial breaks, get up and do ten body weight squats.

Everything we do can be adjusted and manipulated to begin living a healthier, warrior lifestyle. It's time to start making a change!

BY KEVIN DARLING  
XIP Training



XIP staff member Kevin Darling has a background in athletics and a passion to help others become stronger individuals in order to live a healthier, happier life. Kevin earned a BS in Exercise Science from LSC and is NSCA-CPT and FMS-I certified.

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Hearing loss makes most people feel old. Untreated hearing loss, however, can have unexpected and sometimes dire health consequences. Here are 5 signs you might need hearing aids, regardless of age

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# CAN YOU HEAR WHAT I HEAR?

BY CARLEY LINTZ  
CTW Features

Did you hear? There are approximately 48 million people in the U.S. living with hearing loss. So if you're a little hard of hearing, you're definitely not alone and it doesn't mean you're old.

Hearing loss can occur for a number of reasons, and yes, one of the most common is gradual loss due to aging. Although it's typically associated with the elderly, it actually can occur much earlier in life.

"There's still a lot of stigma that goes along with using hearing aids. So people will say, 'Oh, I'm not old enough for a hearing aid.' Hearing loss really does start to happen in our fifties and sixties," says Diane Catalano, clinical specialist for the Duke University Department of Speech Pathology and Audiology.

About one in four adults over age 65 has significant hearing loss according to National Institute on Deafness and Other Communication Disorders (NIDCD), Bethesda, Maryland. By age 75, that number jumps to 50 percent.

Not only can hearing loss make it difficult to perform everyday tasks like talking on the phone or answering the doorbell, it can put your overall health at risk. Untreated hearing loss can increase your

risk of falling, make it difficult to hear smoke alarms or safety instructions and contribute to cognitive decline.

"There's a lot of new research linking untreated hearing loss and memory issues that are leading to dementia," Catalano says. "It's really important to treat hearing loss so people can avoid that cognitive impairment, social isolation and depression."

Hearing aids can't completely restore your hearing, but they can significantly improve your quality of life. Not sure if you need hearing aids? Here are 5 signs you should talk to your doctor and get your hearing tested.

#### 1. Your whole family is tired of repeating themselves

"Probably the most traditional and most common sign of hearing loss is when someone starts asking 'what?' a lot or if they constantly need to have something repeated," says Laurie Hanin, audiologist and executive director of the Center for Hearing and Communication, New York City.

Her rule of thumb: if you have trouble hearing someone from the next room in a quiet house, that's cause for concern. Another good measure is if you have difficulty hearing others in a restaurant, the car or other mildly noisy places.

#### 2. Your spouse is always yelling at you to turn down the TV

Is TV volume a constant source of spousal strife? Are you constantly reaching for the remote to crank it up another notch? That's a good sign that you need your hearing checked, Hanin says.

#### 3. The ringing in your ears isn't the telephone

Though tinnitus, chronic ear ringing or buzzing, is its own condition, it often comes with hearing loss.

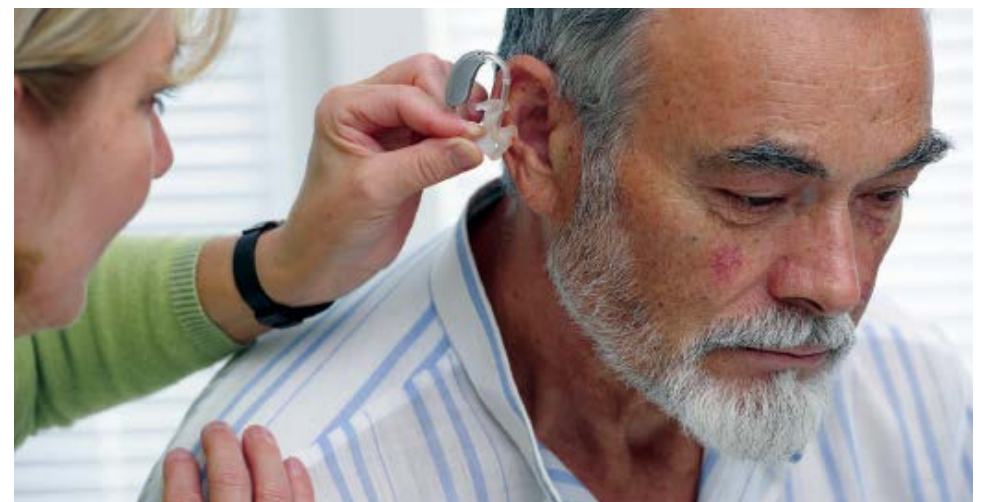
#### 4. Kids these days seem to mumble

Oftentimes, people with hearing loss will blame their hearing problems on others, Catalano says. "People will like to say, 'well so-and-so mumbles,' so sometimes there's a little pinch of denial," she explains.

#### 5. Loved ones are concerned you're withdrawing from normal activities

Another common response to hearing loss is avoiding social situations because it's so much work to try to understand others. Ask yourself: are you cutting out activities that you used to love, like going out to eat or participating in a book club? Do you find it hard to fully participate or understand what's going on in a group setting?

If you said yes to any of these symptoms, you should ask your primary care physician or an audiologist about hearing aids.



# ADULTS NEED VACCINATIONS TOO!

Vaccines are not just for children - adults need vaccines too!

We are all aware of the importance of childhood vaccines and the prevention of disease. But how many of us are aware of the important role that vaccines play in the health of adults? Other than flu vaccine, few adults are aware and informed of all the vaccines available to them. According to the Centers for Disease Control and Prevention (CDC), every year tens of thousands of adults are hospitalized - and even die - as a result of a vaccine-preventable disease. The viruses and bacteria that cause these diseases still exist and are a threat to people who are not protected by vaccines. Pertussis (whooping cough) outbreaks continue to occur each year. One in three adults is likely to get shingles in their lifetime. Pneu-

mococcal pneumonia is also common, resulting in tens of thousands of hospitalizations annually.

Despite this, adult vaccination rates in the U.S. are low; leaving adults unnecessarily vulnerable to a disease that can be prevented through vaccination.

Protect yourself and your loved ones by receiving the recommended vaccines

As a nurse epidemiologist I often reflect on the fact that my mother lost her sister at the tender age of 11 to diphtheria - when that vaccine was relatively new - to a totally preventable disease. In 1925, an outbreak of diphtheria in Alaska led to the famous Nenana to Nome Alaska dog sled relay (674 miles) to deliver antitoxin to an otherwise inaccessible area, now referred to as the "The Great Race of Mercy." We are fortunate that most of us have not experienced a loss of a sibling or child to a vaccine-preventable disease and vaccines are readily accessible. Not only do vaccines protect you from these vaccine-preventable diseases, but by receiving a vaccine and preventing the disease you also protect your loved ones. If you get sick, you risk spreading the disease to others and your family, including your grandchildren. You can prevent this by receiving your recommended vaccines.

What vaccines are recommended to older adults?

- Flu vaccine annually, to protect against the seasonal flu
- Tdap vaccine, if there has been no prior Tdap vaccination, and then a Td booster every 10 years to prevent tetanus, diphtheria and pertussis (whooping cough).



**MONIQUE PETROFSKY**  
Indian Stream Health Center

• Pneumococcal vaccines – both Prevnar (PCV13) and Pneumovax (PPSV23) for adults 65 years and older. Please consult with your provider

• Zoster vaccine for adults 60 years and older  
Additional vaccines you may need include:

- Meningococcal
- Hepatitis A
- Hepatitis B
- Measles, Mumps, rubella (if you were born after 1957)

Not sure what you need? Go to [www.cdc.gov/vaccines/adults](http://www.cdc.gov/vaccines/adults) and take a short quiz to find out which vaccines are recommended. Getting vaccinated is easy. Simply go to your health center.

Vermont is a vaccine friendly state where routinely recommended vaccines (with the exception of influenza vaccines for adults) from birth through 64 years of age are provided free. Medicare Part B covers (fully reimburses) some vaccines while other vaccines have limited but some coverage. Please discuss which vaccines you may need with your doctor during your next visit to protect yourself and your family.

Indian Stream Health Center highly values the importance of the preventative role in providing vaccines.

Monique Petrofsky, BSN, MPH is currently the QA Director for the Indian Stream Health Center in Canaan VT and Colebrook NH. Previously she worked for the Centers for Disease Control and Prevention (CDC) including providing technical assistance to the Immunization Programs in Alaska and Maine.



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# 6 SCARY HEALTH PROBLEMS YOU AVOID BY AVOIDING DIABETES

BY LISA IANNUCCI  
CTW Features

Every year, 1.4 million Americans are diagnosed with diabetes, a group of metabolic diseases that cause high blood sugar levels as a result of either the body not producing enough insulin or the inability of cells to respond to insulin, or both. To keep your blood sugar from rising too high, your body uses its own insulin, but Type 2 diabetes occurs when your body does not use the insulin properly. Unfortunately, when someone is diagnosed with Type 2 diabetes, it increases that

person's risk for other health problems, too.

"Diabetics do not understand the huge number of medical complications that diabetes can cause until they either have it or see other family members go through it," says Dr. Glenn Rich, board certified in Internal Medicine and Endocrinology at the Fairfield County Medical Group in Connecticut.

The main cause of Type 2 diabetes is obesity. "Diabetes is the most significant medical problem facing the American population today, with more than 100 million diabetics and pre-diabetics," says Dr. Bruce Roseman, author of "The Addictocarb Diet" (BenBella Books, 2015).

"Diabetes causes painful, debilitating diseases that lead to death, which can all be avoided with proper diet and exercise," Roseman says.

Diabetes prevention is the key factor in preventing these seven common health problems caused by the disease:

## 1. Vision Loss

Diabetes can directly affect your ability to see properly. According to the American Diabetes Association, diabetics are 40 percent more likely to suffer from glaucoma than those who do not have the condition, and 60 percent more likely to develop cataracts.

"A patient can come in and their blood sugar isn't controlled, but they don't feel bad," says Dr. Andrew Rhinehart, a certified diabetes educator and chief medical officer at Glytec, an glycemic management software company, Greenville, South Carolina. "But they are rusting from the inside out and do not know it. All of a sudden a catastrophe occurs and they get nerve damage or lose vision in one eye."

## 2. High Blood Pressure

According to the American Diabetes Association, as many as 66 percent of adults with diabetes have high blood pressure. "High blood pressure can lead to heart disease, but whether or not they get it will depend on how well they control it," Dr. Rhinehart says.

## 3. Cardiovascular Disease

According to the National Institute of Diabetes and Digestive and Kidney Diseases – a part of the U.S. Department of Health and Human Services – high glucose levels cause damage to nerves and blood vessels, which can lead to cardiovascular disease. In fact, the Institute reports that some studies show that for middle-aged people with Type 2 diabetes, the chance of having a heart attack is as high as the risks of a person without diabetes who already has had a heart attack.

"Diabetics are also three to four times more likely to have heart attacks and an increased risk of stroke," Dr. Rich says.

## 4. Nerve Damage

About half of all diabetics have some form of nerve damage. "It typically starts in the feet with tingling, burning, and numbness and then moves higher," Dr. Rhinehart says.

## 5. Foot Problems

Diabetes can cause skin on the foot to become extremely dry and cracked.

"Diabetics can also get foot ulcers too that can cause a significant amount of damage," Rhinehart says. "Add in the nerve damage, and the diabetic can lose feeling in the foot, so they can hurt it and they won't even know it until it's too late."

Diabetics that walk on ulcers are at risk of those ulcers becoming infected, which requires them to see a vascular surgeon. High glucose lev-

els make it hard to fight these infections.

Untreated foot ulcers can lead to amputation. Tens of thousands of diabetics lose limbs every year because their condition is uncontrolled.

## 6. Kidney Disease

Diabetes was listed as the primary cause of kidney failure in 44 percent of all new cases in 2011. According to the National Kidney Foundation, diabetic kidney failure means that your kidneys are not doing their job as well as they once did to remove waste products and excess fluid from your body. These wastes can build up in your body and cause damage to other organs and, at worst, organ failure.

There is one surefire way to avoid all of these issues – avoid Type 2 diabetes through a healthy diet and exercise.

For those that already have it, the best way to prevent these and other health problems is to control your Type 2 diabetes.

"You can't change the genetic part of diabetes, but you can change the environmental factors," Dr. Rich says. "The biggest driver of diabetes over the last 20 to 30 years has been diet. Maintain a healthy diet to prevent diabetes and, if you



have been diagnosed, keep it under control. It helps to prevent complications."

However, Rich admits that, for some diabetics, staying healthy is a challenge.

"Unlike most other diseases, diabetes affects everything you do," he says. "You can't just take a pill and forget it. It encompasses your whole life. However, some people are just dedicated to the dietary and management."

Rhinehart explains that you do not need to get back to your high school weight, but focus on losing 7-10 percent of your body weight. "If you do, you've decreased your risk of developing diabetes," he says. "If you do well with that, lose 7-10 percent again. I never start a marathon thinking I'll run 26 miles. I think about two miles and then the next two."

The American Diabetes Association recommends 150 minutes a week of moderate intensity exercise to get your heart rate up, which translates to five 30-minute sessions per week.

"Include some sort of resistance training," Rhinehart says. "Remember, obesity occurs one pound at a time."

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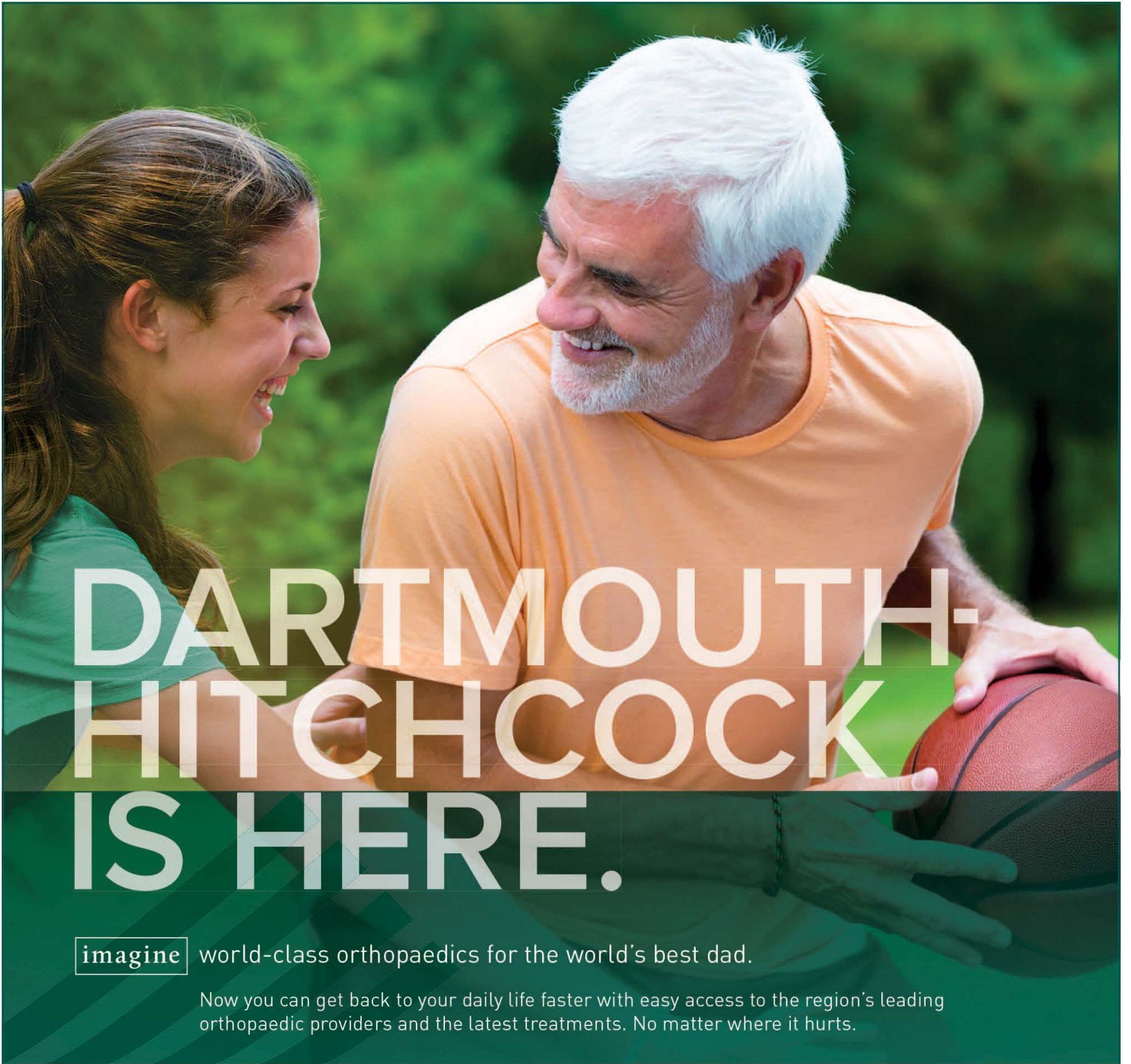
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# INTEGRATING PHYSICAL ACTIVITY INTO EVERYDAY LIFE



BY LORI MORANN

North Country Community Recreation Center

Sitting is the new smoking – the new buzz phrase regarding health risk. Indeed, inactivity has been found to be a contributor to poor health. The Center for Disease Control has determined that older adults require at least 150 minutes of moderate intensity aerobic (or heart rate raising) activity and muscle strengthening activities on 2 or more days a week. So how do we get and stay active to meet those requirements?

\* Pick an activity you enjoy: Getting regular physical exercise doesn't have to be a chore that you dread. Walking a trail along a waterway, taking a yoga class, or playing pickleball with friends – anything that allows you to smile while doing it will work.

\* Research activities in your area: Check with your local recreation center, chamber of commerce, public library, fitness center, or senior center to find activities suited to your general level of health and interests.

\* Check with your health care provider: Always check with your health care provider before starting any new physical activity.

\* Start slow: Going full tilt on your first days may lead to sore muscles, or worse, an injury. Seek instruction for more challenging activities such as yoga or tennis. And the CDC reminds us that 10 minutes at a time throughout the week is fine to achieve that 150 minutes of moderate (or vigorous) effort.

\* Find a partner (or three): Having someone waiting for you is a great incentive on days where motivation may sag. Shared experiences can often be better experiences. And it is always safer to have someone with you when striking out on a journey outdoors.

\* Build the activity into your routine: Set aside time each day for your chosen form of exercise – such as taking a morning walk just after breakfast. The magic number is 30 – doing something for 30 days helps it become a habit.

\* Mix it up: Build several different types of activities into your week, such as walking the dog, bowling and dancing to keep it exciting. This will also help to target different muscle groups and avoid repeat use injuries.

\* Choose the “not so easy way” to do things: Park the car a little farther away; use a wheelbarrow instead of a trailer, take the stairs, or mix your cake by hand.

\* Keep a record of your activity: Simple notes on a calendar serve as a reminder to get moving, and can show you how far you have come since you started.

So remember, have fun and keep moving. Be well.

## SOMETHING MISSING?



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Lori Morann has been the Executive Director at the North Country Community Recreation Center since 2010. A 26-year resident of Colebrook, she has been involved with the Colebrook Public Library, the Two Rivers Ride for Cancer, the Tillotson North Country Foundation, and the Dixville Cemetery. She is a NH Master Gardener who enjoys hiking, skiing, gold panning and fly fishing.

# BEWARE THE PITFALLS OF THE 'GRANDPARENT' BODY

While it might seem natural to gain weight as you age, it's not – and the consequences could be dire



**BY NANCY MATTIA**  
CTW Features

To be blunt, extra weight isn't just a matter of not being able to zip up your jeans – it's actually risky to your overall health. "Being overweight or obese is solidly linked to a higher risk of developing hypertension, diabetes, coronary heart disease, stroke, cognitive function decline and colorectal cancer," says Qi Sun, assistant professor in the department of nutrition at the Harvard T.H. Chan School of Public Health, in Boston.

What can you do to shed weight? "People should pay attention to not gain weight in the first place as losing weight is notoriously difficult," Sun says. But if you need to drop some pounds, eat mostly plant-based foods such as fruits, vegetables, whole grains, nuts and healthful oils, and limit refined carbohydrates, red meats and animal fats. Staying active with moderate to vigorous physical activity may help maintain a healthy body weight and prevent further weight gain. For morbid obesity, Sun says, bariatric surgery, medication and other clinical interventions can help reduce body weight.



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# TIPS FOR DENTAL IMPLANT SUCCESS

BY DR. HUGH HAWKINS  
Dr. Hugh's Dental

Do you have dental implants?  
Dental implants are often the best method for replacing missing teeth. They provide smile and facial aesthetics, stabilization of your remaining dentition and jaw bone, and increased chewing efficiency

for better digestion. Overall, investing in dental implants provide a better quality of life.

However, changes in your medical health, poor daily hygiene and lack of routine dental exams and hygiene visits will lead to implant complications. These complications range from minor gingival inflammation to complete loss of the dental implant(s). It is imperative to know the following:

1) Any changes in your medical and dental health that include, but are not limited to, poor diabetic control, substance abuse, bone diseases, high cholesterol, autoimmune diseases, periodontitis, other dental and oral infections, facial trauma, cancer therapy, and clenching or grinding of teeth may cause damage to your implant(s) and thus require frequent exams by your dentist and additional treatment by your primary care provider, dentist and dental implant specialist.

2) It is imperative that you properly clean around your dental implant(s). Personal oral hygiene should be done after every meal and before bed. This requires flossing, brushing, and an oral rinse, such as chlorhexidine. In addition, use a high quality electric tooth brush and/or water irrigator with proper technique and gentle flossing around the implant(s) in a "shoe shine" motion, versus up and down. These techniques will decrease the bacterial load around your implant(s).

3) Routine dental exam and hygiene should be completed a minimum of every 6 months. It is usual to have a dental cleaning every three to four months. It is imperative for the hygienist or dentist to make sure there is no inflammation or bone loss occurring with a proper cleaning, exam and diagnostic image. The implant restoration needs to be checked it is in proper function in order to avoid undue stresses upon the implant.

Things to remember:

All changes in your medical history need to be updated and discussed with your dentist. Maintain routine oral hygiene habits. If you experience pain, swelling, and bleeding lasting longer than three days, you should be evaluated by a dentist.

Finally remember to keep your dental appointments.



## Women & Money

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# REAL ESTATE IMPROVEMENTS WITH AN EYE TO THE FUTURE

BY SUSAN QUATRINI  
William Raveis Real Estate



Susan Quatrini is a broker with William Raveis Real Estate in St. Johnsbury, and has been helping buyers and sellers in the Northeast Kingdom for many years. She and her husband, Steve, downsized six years ago to a ranch in St. Johnsbury and spend three winter months in Florida. She can be reached at Susan@Quatrini.com or at the William Raveis office at 802-748-9543. She is happy to answer any questions readers may have.

One day you wake up and the kids are gone, the dog has died and you and your partner have to make a decision: time to sell the house and down-size, or time to make some overdue improvements on your home. Either way, you will most likely be spending money to either spruce up your home to sell or to address big ticket items like electrical updates, new furnace, or maybe a new kitchen or bath.

Here are few hints:  
If you are going to sell, ask a realtor to come over and tell you where you will get the most bang for your buck. Remember, a buyer is not going to pay you for "potential." If you haven't kept up on needed repairs, do them before the house goes on the market. Trust me on this.

De-clutter, EVERYTHING. Your kids don't need or want their papers from kindergarten or the corsage from junior prom. Most also don't want our china, most of our antiques or any of our clothes. Period.

A fresh coat of paint makes every room look better. Go with off-white, Navaho White by Benjamin Moore is my go-to color, or pick a few new soft blue-greens (Sea Glass is very popular.)

Upgrade your electrical system. Banks want it, inspectors look for it, insurance companies insist on it.

Have a cleaning professional come and clean windows, shampoo rugs, and make your home sparkle.

**Staying In Place**  
You and your partner are hopefully in good health right now, but your life can change in a heartbeat. If you decide to do renovations, here are some things to consider:

- If you can, make your entry no more than two steps up.
- Replace faucets with one-handle units.
- Change doorknobs to levers.
- Add a bar by your bath tub.
- Add a 3/4 bath with shower near a first floor bedroom.

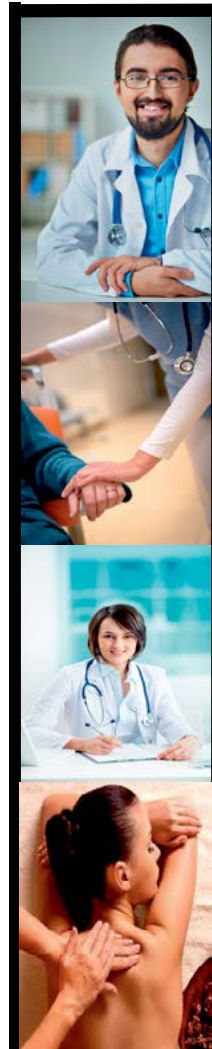
If you think a wheelchair is in your future, doorways need to be 36" wide and you will need a roll-in shower.

If you are replacing toilets, choose a higher model.  
Now is the time to de-clutter. Your kids have busy lives of their own and many do not live nearby. Don't say "We'll let them deal with all this when we're gone." It's selfish and inconsiderate. Shred your 1977 pay stubs and income tax returns (*editor's note*: the IRS advises you keep tax records for three to seven years, depending on your circumstances). Say good bye to your grandparents' knick knacks. Nobody needs or wants any of this "stuff."

Make a list, get some estimates and tackle these items now, while you have lots of time and energy. It is always easier to have a plan and act accordingly, rather than having to react to major life changes.



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# WHAT WE NEED TO KNOW ABOUT HELPING OUR LOVED ONES TO DIE

BY LEAH CAREY  
Staff Writer

Dr. Joshua Lakin is a palliative care specialist at Dana Farber Cancer Institute in Boston who spends much of his time talking with patients and families who are contemplating the end of life.

He is in a perfect position to answer a BIG question: What would you like family members to know about accompanying a loved one through the dying process?

“Many things, if I could get it across. Some of them are really hard lessons, I think,” Lakin said during a recent conversation during a trip to facilitate an end-of-life community conversation in St. Johnsbury.

## Forgive yourself in advance

The most important lesson for families, Lakin said, is to let yourself off the hook.

“Number one, which is really important that I always tell families up front: just forgive yourself in advance,” he said. “You want to be present, but it’s chaos. You just can’t fix that sometimes. So you just have to be willing to give yourself permission, and give each other permission, to just do your best.”

And while having a larger family team can help distribute the burden, it can complicate it as well. “It’s also really stressful, so our bad tendencies float up,” Lakin explained. “Just know that there’s going to be a ton of uncertainty in this process and try to make sure that you are understanding of each other - if you can be.”

“Because it’s stressful times,” he continued. “Prepare to forgive each other. That’s rule number one. It’s not going to happen like you think it’s going to happen. You’re going to have regrets coming out of it. Hopefully you’re going to have some beautiful and touching times too. But it’s complicated. So learn to cut yourself some slack from the start.”

## It’s going to be hard

“These are hard times,” Lakin said. “It can be lots of good things - there can be lots of good elements to it. You can have very touching moments. You can deepen relationships. You can learn things about people that you never knew. I’ve seen so many wonderful human strengths and moments shine through all this work. But it’s still hard. So I try to help families to set themselves up for a bit of a roller coaster in some sense.”

Lakin spends a lot of time in hospital rooms with families who are sorting out end-of-life decisions, and it is often fraught with much emotion.

“There’s a lot of things we can do to make it better and to make it as comfortable as possible. And I think that there’s lots of good that you can pull out of it. But at the end of the day, most people are experiencing a loss of someone who is really important to them,” he said. “Fortunately we don’t have to do it very often, but that also makes us not practiced. It’s not easy. It’s not all puppies and

kittens. I think sometimes we sell hospice as magical and it’s not. There’s parts of it that are very wonderful. There are many things about that work that do fill me with wonder - the individual strengths and existential questions and a lot of it is really incredible. And other parts of it that are just kind of brutal daily tasks and hard work. And it is hard.”

## Talk about what’s really important

While the specifics of an advance directive - feeding tubes, life sustaining machinery, etc. - are important, Lakin wants families to have a deeper conversation.

“It’s really hard to predict the future,” he said. A person’s dying process may never include a feeding tube, but a hundred other interventions that they couldn’t predict at the outset. “[The advance directive] is set up as concrete steps - if *this* happens, then do this; if *this* happens, then do this.

But the if almost never happens. It’s always a different if.”

That makes it imperative to understand the underlying desires of the patient, regardless of the medical specifics.

“The important thing is to communicate about what’s important and the kinds of trade-offs that you make in your life, and the kinds of functional states that are really important to you and are absolutely unacceptable for people, and the kinds of things you’re afraid of,” he explained. “The question is not whether you want to have a feeding tube, it’s *what makes life worth living to you?*”

Lakin gives an example from Gawande’s book that features Block’s father. “He said, ‘If I can’t eat chocolate ice cream and watch football, then it’s not worth it.’ That’s really useful information!

It’s not, Do you want a feeding tube? It’s, What kinds of things do you need in order to make this a quality life? And then to recognize that this might change, so you’ve got to revisit it over time.”

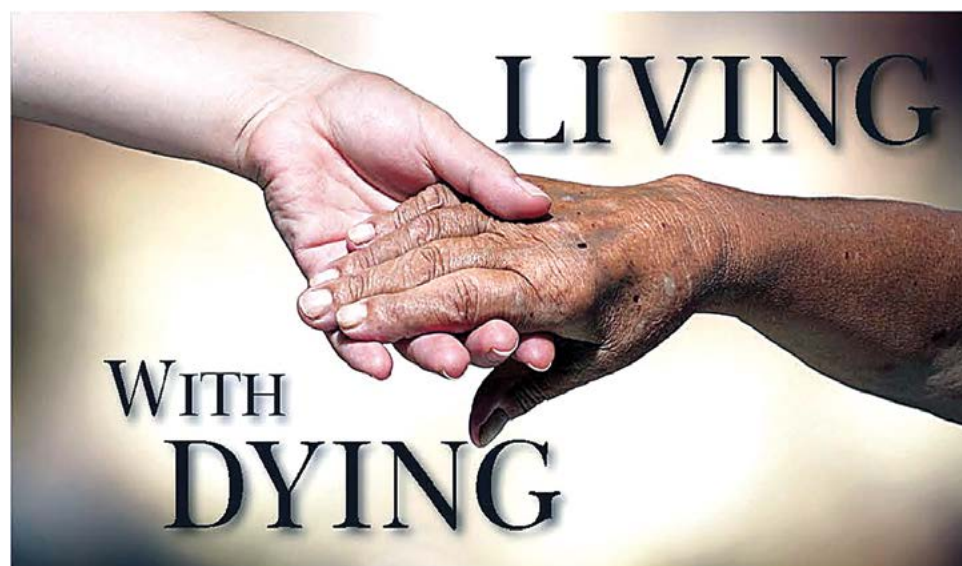
## Dying is work

The entertainment industry have led us to believe in a sanitized version of death, Lakin said. “It is not like you often see in the movies where people just kind of lie back and are peaceful ... It’s a process that we go through, just like birth. And there is labor. There is a labor to dying, for sure. It is work. You can see it in their bodies. Their bodies are working hard at that process.”

“With our medicines I can keep people very comfortable, but it’s hard to watch,” he continued. “In my experience, it’s a lot harder to sit vigil than it is for the patients to go through it ... People don’t breathe normally. They have moments of clarity. Their fingers and toes and lips don’t look normal. Nothing looks normal about it, except that’s what normal death looks like.”

## Stop trying to ‘protect’ each other

The final point Lakin shared is more for the patient than the family members, but it’s something that can be important to everyone in the circle of care.



He said he frequently sees people who don’t want to let their loved ones know that they are dying until the very last minute.

“I think the most common issue - I don’t think we’ve researched this - but the most common issue is that people are protecting each other. Or trying to protect each other,” Lakin said.

He tries to impress upon people that the end result is often the opposite. “At the end of the day it’s extremely traumatic for people to find out in the last week that a loved one is dying from something. That’s just hard. It’s not protection. It’s harder on people,” he said. “They’ll say, But I don’t want to put them through it. But they’re going to have to go through it. Period. They’re *going* to go through grief. The more time you give them to do it, especially with you so you can tell them what’s important to you, so you can tell them you love them and tell them goodbye and all these things that are really important. The sooner you start that, the easier it’s going to be for all.”

## A note from Leah

During my conversation with Dr. Lakin, I teared up when he said these words: *forgive yourself in advance*.

Wow. It’s something I wish someone had said to us in the final month of my mom’s life.

Mom was always an extremely active and vocal participant in her own care. That remained true into those final weeks, but as she became weaker she became terribly confused - it was like all the right puzzle pieces were still inside her head, but they were in all the wrong places.

Mom’s best friend Sue and I spent as much time managing her confusion as we did managing her health. It amped the already-high stress level through the roof.

By the time Mom died, we had built up a whole host of issues to beat ourselves up with. And for the past seven months, we have done just that - running through those last days and weeks of her life, wondering how we could have done it different/better/more courageously?

Even now, seven months later, it still occupies a lot of our conversations when we’re together.

I wonder: if we had heard these words prior to our experience, would we have been more forgiving with ourselves?

So I’m highlighting these words so that you will have heard them before you get to that place: *forgive yourself in advance*.

I’d love to know if they help! Email me at [CareyL@caledonian-record.com](mailto:CareyL@caledonian-record.com) to let me know.

Moving into the second half of our lives, many of us will have to accompany our parents or other loved ones through the process of dying.

The Record is spending a year focusing on this journey in our *Living With Dying* series. Here is an excerpt from our July 19 and Aug. 2 edition.

To read the full series visit [www.caledonianrecord.com/living\\_with\\_dying](http://www.caledonianrecord.com/living_with_dying).

### The perfect conspiracy

“Most people want to have these conversations. They’re good for both patients and health care systems,” Lakin said. But the research shows a gap between what everyone knows is beneficial and what is actually done.

“We don’t do them. And if we do, we do it late and we don’t do it very well. We focus on medical details and we don’t talk about goals and priorities and stressors like families and patients want to.”

In addition to a lack of clinical training on end-of-life issues and communication, doctors often struggle with very human issues when they talk with patients.

“Doctors worry that they’re going to hurt people or they’re going to take away someone’s hope,” Lakin explained. “Or that it’s not the right time. Or maybe they’re going to get better. And I think the doctors worry that the patients won’t like them or trust them. We’re people too.”

What happens when patients don’t want to think about end-of-life issues and clinicians aren’t trained to talk about it?

“It’s a perfect conspiracy,” Lakin said. “We conspire together. [Patients] don’t want to do it. The clinician doesn’t want to do it. ‘It makes me uncomfortable, I’m worried I’ll get it wrong, I’m afraid I’ll hurt them.’”

The doctor’s side of the conspiracy is elevated by the way we think and speak about illness.

“Clinicians worry that their patients will see them as failing,” Lakin said. “We set up disease treatment as a battle. There’s a winner and a loser. And they’re afraid that they’re going to lose the battle. There’s a lot of things that work against them wanting to do this.”

“I think it’s all pretty well-intentioned for the most part. But it does result in a culture of avoidance.”

### Dosages of communication

Lakin credits his colleague Dr. Vicki Jackson, internist and Chief of Palliative Care at Massachusetts General Hospital, with a metaphor for communication that may work for many clinicians.

“She says, I have doses in my communication, just like you have doses to your medicine. There’s different levels of skills and push. So for people early on, I’m very gentle. I just plant seeds. I just name things and let people think about them.”

As time goes on, Lakin can increase the “dosage” of information. And, just like a disease that is discovered at an advanced stage, in some cases a high dosage is required right away

“When you have someone who has a couple days left and they have no idea, and their family is just churning, you sit down and you have a big intense conversation,” Lakin said.

In those cases, there is a specific protocol that Lakin and his palliative care colleagues use.

“We treat those meetings and those big conversations almost like procedures. We have steps we don’t skip and we talk about it.”



### The communication procedure

Lakin laid out the procedure that his team uses for the bigger conversations. It’s a procedure they teach the fellows who work with them.

“There are tools that we use to move through these conversations,” he said. “It’s an art and a science.”

1. Make sure you’ve got a quiet space.
2. Make sure you’ve got the information you need before you walk in the room.
3. Make sure you’ve talked to all the specialists and teams that you need to.
4. Make sure the person has their family or whoever they want there for them.
5. Make sure that you fire a warning shot before you tell them any bad news - “We have scary stuff to talk about. This is going to be a scary thing, but we’re all here to support you.”

6. If someone starts crying, don’t provide more facts. Sit with them. Acknowledge that they’re crying, talk about their sadness before you provide more information.

According to Lakin, the hardest part for many doctors is step #6 - when patients get emotional.

“For a lot of doctors, it’s not intuitive to deal with emotions. A lot of doctors, if someone starts crying, they want to retract what they said to make them cry. Or they want to tell them something that’s going to make them feel better. But there are situations where you can’t make someone feel better. You just need to sit with them while they process,” Lakin said. “And sometimes that’s it. You just sit quietly and wait for them to take in what you’ve told them. Make sure they know you’re not going anywhere. And then, when they’re ready, you keep talking.”

With practice, Lakin said, the process becomes pretty natural. “It’s not rocket science.”



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**September 15, 2016**

**Inaugural Luncheon at 12:30**

**Growing Organic Fruit**

**Todd Parlo**

Todd is the founder of Walden Heights Nursery and Orchard, a certified organic farm specializing in rare apples. The presentation will explore all aspects of fruit growing in cold climates under organic management.

**September 22, 2016**

**The Forest Duff – an Unseen but Most Important World**

**Kurt J. Valenta**

Kurt is the founder and president of Exordium, Inc. As part of Exordium’s Nature Series, this presentation is an investigative sojourn to the forest floor. One of the most distinctive features of the forest ecosystem, it teems with a wide variety of flora and fauna. The forest floor, with its vegetative matter, is a crucial component in the nutrient transfer to mineral soil. A vital part of the natural cycle, it is unseen and underfoot, but should be understood. You will never go into a forest the same way again!

**September 29, 2016**

**Orphan Trains in Vermont**

**Daniel Bean, PhD**

Every city in America utilized these trains to serve their orphan population. This talk will address why the trains were used, how the New York trains were founded and what is known of two carloads of children sent to upper western Vermont in 1905. What little the speaker knows of riders to eastern Vermont, St. Johnsbury and the Newport area, will be discussed, and any information the audience can provide will be welcome and greatly appreciated.

**October 6, 2016**

**The Buzz of Our Natural Pollinators**

**Sara Zahendra**

Bumblebees and other cute, fuzzy pollinators are essential to our food supply – but they are in trouble. Many species have been disappearing over the past few decades, and some have vanished altogether. We’ll learn about bumblebee life history, the role native pollinators play in our ecosystem, and we’ll discuss the current status of certain species in the Northeast.

**October 13, 2016**

**Ivory Vikings:**

**The Mystery of the Lewis Chessmen**

**Nancy Marie Brown**

The Lewis Chessmen are the most famous chessmen of all time. Found in Scotland’s Outer Hebrides in the 1800’s, these walrus-ivory figurines captivate visitors to the British Museum – each face is individual, each full of quirks. Now thought to be carved by an Icelandic woman in about 1200, they present a capsule history of the Vikings in the North Atlantic, when the sea-road connected countless countries we think of as far apart and culturally distinct.

**October 20, 2016**

**Slow ‘n’ Steady’s**

**Appalachian Trail Journey**

**Janet “Slow ‘n’ Steady” Steinert**

Upon retirement as a school administrator, Janet set out to complete the 2,185.9 mile trek from Georgia to Maine. She completed the Trail, but her goal changed as she traveled through the journey of a lifetime. Hear about her adventures, her challenges and her joys as she struggled to fulfill her dream of hiking the Appalachian Trail.

**October 27, 2016**

**Landscape Change and the Coming of the Interstate Highway System**

**Paul Bierman, UVM Professor of Geology & Natural Resources**

This presentation will examine the period from the late 1950’s to the early 1970’s when the Interstate Highway System came to Vermont. Prof. Bierman will use many images from the UVM’s Landscape Change Program ([www.uvm.edu/landscape](http://www.uvm.edu/landscape)) archive to illustrate the changes that several decades of construction brought to the valleys and hillsides of the Green Mountain State.

**November 3, 2016**

**Around the World Adventures:**

**Touching Upon All Seven Continents**

**Mary Gibbons, a surgical nurse from Ashby, MA.**

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**BY SANDRA A. DAY AND DIANE LAROSE**  
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Hearing loss is a progressive condition, worsening over time due to age or continual exposure to excessively loud or high-pitched noise(s). As hearing loss progresses and more sounds are "lost" over time, the brain loses its ability to identify and/or distinguish sounds that are no longer being received via the body's natural and very complex hearing system (made up of the ear, the ear canal and all of the tiny and delicate anatomical parts that make up the byzantine human hearing system).

For most people experiencing hearing loss, the high frequency sounds are lost first. This explains why people with a hearing loss often have difficulty hearing the higher-pitched voices of women and children, certain musical notes or tones, and for some, even certain instruments such as the violin or oboe.

As a person loses more "discrimination" (understanding of sounds), some words that sound alike become more difficult to distinguish, especially words that contain "s" or "f",

"sh", "ch", "h", or "soft c" sounds. Words like "share" and "chair," or "shoes" and "choose," for example, are often misunderstood one for the other. This can make for confusing conversation.

When the reception of these subtle sounds is improved by the use of hearing instruments, the brain has to learn how to again interpret these restored sounds. The high frequency sound of a bird's song, or the subtle sound of tree leaves rustling in the breeze, for example, may have been forgotten and need to be "re-learned."

One of the most common dangers people face with hearing loss is denial or procrastination. As the loss continues to cause more and more subtle sounds to become indistinguishable, time is of the essence to preserve the hearing that remains.

Putting off wearing hearing instruments for too long may extend the period of readjustment that your brain has to make, making it harder to adjust to wearing hearing aids – and making the challenge bigger than it needs to be. So please don't wait. Call us today and let us help.

In today's hi-paced, hi-tech world, it's nice to have an agent who knows when to take the time to do business the "old school" way.



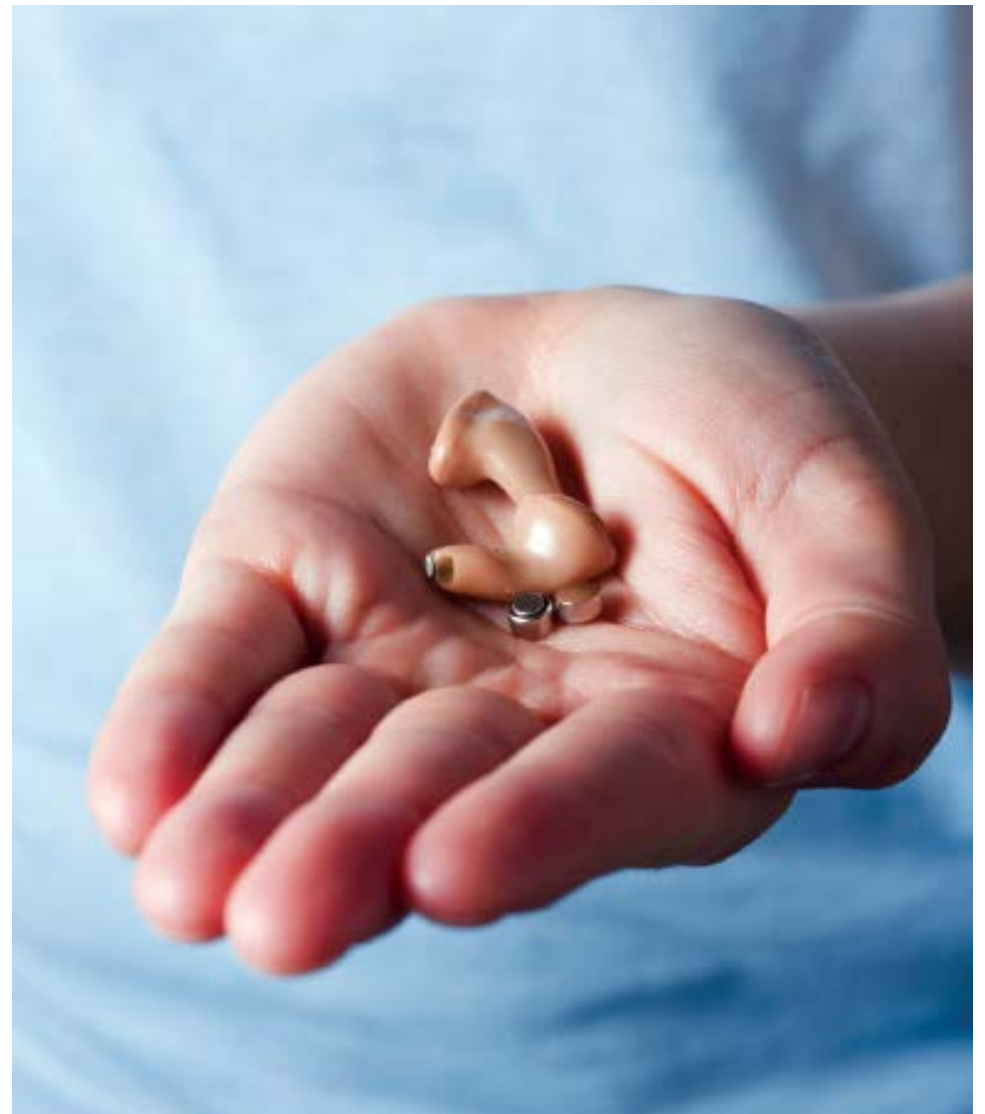
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# HOW TO GET A GOOD NIGHT'S SLEEP

As you age, getting a solid 8 hours of sleep a night gets harder and harder. Here are the top culprits depriving the 50+ crowd of the ability to sleep like a baby and how to remedy them

BY JEFF SCHNAUFER  
CTW Features

A few years ago, Dr. Timothy Morgenthaler's father began to experience a serious problem shortly after moving into a Colorado nursing home: he started acting out his dreams.

"He left his bed at night while asleep and injured himself," Morgenthaler recalls of his father, then in his mid-80s.

Fortunately, Morgenthaler is something of an expert on sleep: He is the immediate past president of the American Academy of Sleep Medicine and the co-director for the Center for Sleep Medicine at the Mayo Clinic in Rochester, Minnesota.

His father's sleep disorder was treated with melatonin and the addition of a white noise machine to his room, Morgenthaler recalls: "He did not injure himself again. It helped to improve the quality of his life in his last years."

For many Americans, our quality of life is affected by the quality of our sleep. Interestingly, Morgenthaler says, adults require the same quantity of sleep at age 20 as they do in later years: a minimum of 7 hours a night. Yet as you age, Morgenthaler and other sleep experts say there are a number of psychological, behavioral, physiological and environmental issues that can arise that affect the efficiency of our sleep.

## Our Minds and Sleep

As we age, we have more to think and worry about: our jobs, our mortgage, our kids, our grandkids, our elderly parents and when and if we can afford to retire.

"If you have anxiety, that can keep you up and affect your ability to fall asleep," says Dr. Mirosław (Mack) Mackiewicz, program director for the Integrative Neurobiology, Sleep & Biorhythms section in the Neurobiology of Aging Branch of the Division of Neuroscience at the National Institute on Aging, Bethesda, Maryland.

Our minds work differently when we have life changes associated with aging, as well. After decades of waking up to go to work, retirement can throw us off balance. So, too, can a death in the family or longtime friend. These also can cause changes in sleep.

Fortunately, Morgenthaler says, sleep experts can provide cognitive behavioral techniques to help deal with anxiety and related challenges that are more effective than getting a sleeping pill over the counter. One technique is storytelling.

When we try to fall asleep, he explains, we might get more frustrated as the evening lingers and we stay awake, which spirals into a negative story in our minds: "If I don't get to sleep, I'm going to have a hard day at work, etc." This can keep us awake even longer. Instead, Morgenthaler says, you can use cognitive behavioral techniques to retell the story in

your mind in a way that allows you to fall asleep.

## Our Behavior and Sleep

Are you a java junkie? Drinking coffee even in mid-afternoon may affect your sleep.

"Caffeine can stay in your body between three and seven hours," Mackiewicz says.

Drinking alcohol may put you to sleep faster, Mackiewicz adds, "but it can cause sleep disruption at night if you wake up and are not getting as much deep sleep."

Other things to avoid: large meals (which can cause indigestion that awakens you) and exercising just before bedtime.

What should you seek out for better sleep? The Sun. Get at least 30 minutes of sunlight a day, Mackiewicz says.

## Our Bodies and Sleep

"The most common problem having to do with sleep disturbances are medical conditions, including depression," Morgenthaler says.

In one study, Morgenthaler says, older adults with no medical conditions reported that their sleep was "excellent" 52 percent of the time. For those older adults with 1 to 3 medical conditions, however, that number dropped to 42 percent. And if an older adult was coping with 4 or more medical conditions, only 32 percent reported excellent sleep.

Medical conditions that affect sleep include: restless leg syndrome, sleep apnea, REM behavior disorder, pain-related illnesses, lung conditions, heart disease, prostate problems and more.

One of the most common sleep disorders, sleep apnea, is often associated with obesity and may be treated by losing weight or using devices like the CPAP, or continuous positive airway pressure, which uses mild air pressure to keep the airways open.

For women, hot flashes associated with menopause may cause you to awake in a sweat. More women than men report insomnia, as well.

Lack of good sleep can have an impact on our health, as well. One study published in the American Heart Association Journals found that men over the age of 65 who get the least amount of deep sleep are at a greater risk for high blood pressure. Poor sleep is also associated with depression, as well.

If you are experiencing medical conditions that are impacting your sleep, see your doctor or a sleep expert. Likewise, you should ask your doctor if your medications may be affecting your sleep, as well. Some pain medications, Mackiewicz says, may even cause sleep problems when you stop taking them.

Stay away from sleeping pills, experts say. Over the counter sleeping pills are often antihistamines, Morgenthaler says, whose long-term safety has not been established. Likewise, prescription sleep drugs can bring increased risks of falls and breathing problems, he says.



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# SIMPLE STEPS TO LIVE PAIN-FREE FOREVER

It's often thought that aging is a slow march to aches and pains, but experts say there's a path to living without pain, or at least minimal pain, at any age. Here's how to reduce inflammation, move freely and care for your joints and body for a longer, happier life

BY NANCY MATTIA  
CTW Features

We all experience pain from an early age – teething as a baby, getting smacked in the head by a sibling, falling off a bike while racing friends. For the most part, though, the misery is over quickly and soon forgotten. Not so when you experience pain in middle age. That knee ache you felt on Monday still bothers you on Thursday. The back pain that ruined last night's sleep is ruining today's waking hours, too.

How to deal? First, get checked out by your primary care physician to find out the pain's source. The culprit may be tendonitis, bursitis, an infection or a previous injury that was never completely healed. But for millions of older Americans, those daily aches and pains are caused by osteoarthritis, a condition that happens when cartilage, the rubbery tissue between a

bone and a joint that acts as a cushion, gets broken down and causes inflammation, stiffness and swelling.

"It's the most common reason for pain in people in their fifties and sixties," says Dr. Mark Karadsheh, a joint-replacement surgeon at Beaumont Hospital, in Royal Oak, Michigan. "It typically affects the knees but it's also common in the spine, hips, fingers, toes, elbows and shoulders."

Blame it on the wear-and-tear that happens to a middle-aged body.

While osteoarthritis is chronic – meaning, it's recurring – you don't just have to accept it and vow never to leave your couch. From medications to lifestyle changes, there are effective remedies that can help reduce inflammation, which is critical because the less inflammation you have, the less pain you'll feel. Here's how to get some relief.

Which Medications Work

Popping a few over-the-counter (OTC) nonste-

roidal anti-inflammatory drugs such as ibuprofen (Advil, Motrin, Aleve) may be all you need to feel better. If your pain is more intense, though, your doctor may prescribe a stronger anti-inflammatory like Celebrex or Naprosyn. But be aware that extended use of these drugs, whether OTC or prescription, can create other health risks.

"People who have been taking anti-inflammatories for a long time could get stomach ulcers or develop problems with their kidneys," Dr. Karadsheh says. "Tylenol [acetaminophen] is safer to take for a longer duration of time."



pain.

#### 4. Apply Ice

It may not be as soothing as putting a warm compress on a painful joint, but ice can be very helpful in reducing inflammation, redness and swelling. Since a coolant can cause muscle stiffness and a decrease in your range of motion, Dr. Karadsheh says it's best to use ice in conjunction with exercise, physical therapy or yoga.

#### 5. Supplement Your Diet

"The most helpful nutritional supplements are glucosamine and chondroitin," Dr. Jackson says. "Both have been found to increase the thickness of cartilage." The thicker the cartilage, the more likely you will avoid joint pain. Dr. Jackson says it's a good idea to confer with your doctor before starting any supplement regimen.

#### 6. Care for Your Joints

The joints, the connection between two bones, are what allow us to bend our knees and turn our heads. But as we age, they get more fragile. "Joints are a mechanical device," Dr. Jackson says. "Why do shocks on a car eventually wear out? It's the same with joints – they bear a lot of the load of our body."

What can you do to help?

First and foremost, maintain a healthy weight. Think of how it feels to lug around a heavy backpack all day. That's similar to what your weight-bearing joints – knees, hips and back—have to endure if you're overweight. Extra pounds create extra stress on those joints. "Every pound you gain, your joints feel like you've gained five pounds," Dr. Karadsheh says. "So if you gain ten pounds, that will feel like [an extra] 50 pounds to your joints."

The next step is to keep moving. A sedentary lifestyle, especially one that includes hours upon hours of sitting, has deservedly gotten a bad rap for being detrimental to your health. The longer you sit, the stiffer your joints will be. The National Institute on Aging recommends low-impact activities, such as walking and swimming, which are gentle to joints and help maintain mobility and strength.

### Going Natural

Your physician may suggest non-medical relief options, which are safe to do every day. Some things that may help:

#### 1. Move Your Body

An effective pain-relief method is to raise your endorphin levels. These feel-good hormones are released during exercise. They interact with the brain receptors that process pain, and reduce the feeling of pain and induce feelings of pleasure. Getting more endorphins into your bloodstream means more relief, and one way to do that is to stay active. "As long as you have good cardiovascular health, aerobic activity is recommended," says Dr. W. Clay Jackson, vice president of the American Academy of Pain Management, Sonoma, California. Pick something that'll get your blood pumping for a length of time, like using an elliptical machine, dancing or having even sex (check with your doctor before starting any new physical activity to make sure you are healthy enough to participate).

#### 2. Get a Massage

And make it a Swedish one that lasts 45 minutes. According to Journal of Alternative and Complementary Medicine, massage may reduce inflammatory substances by increasing disease-fighting white blood cells. It can also help increase the range of motion of a stiff joint. "People often begin to limit their range of motion because of pain, and that can be self-defeating," says Dr. Jackson. A massage is an effective stress-buster too.

#### 3. Strike a (Yoga) Pose

If practiced regularly, yoga can help build strength in the muscles around your joints and maintain joint flexibility. Along with your downward dogs, practice meditation, mindfulness and breathing techniques, which also help minimize



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# JUST DO IT: VOLUNTEER!

I love hearing stories about how our NEK Council on Aging volunteers make a difference in our communities.

RSVP is a national program that matches those 55 and older with people in need. Here in the Kingdom, there are a number of handy carpenter projects that line up quarterly – winter is shoveling snow; spring is cleaning up from winter; summer and fall are about outdoor projects. This summer there were requests to make houses winter-ready, such as installing a ramp and a handrail so a senior could safely come and go from her home. Right away I was able to match a volunteer with the senior's need.

Another participant expressed his willingness to drive within the Peacham, Groton, Barnet and Ryegate areas to complete projects. His only request was that clients contribute the materials; he'll pay it forward by donating his expertise, time, and mileage. I'm now looking for volunteers in similarly-connected towns who want to help seniors with screens, storm windows, porch steps, fencing, sticky doors and weather-proofing.

You can even volunteer from the comfort of your own home. RSVP TeleFriend is a phone buddy who makes daily calls to the homebound elderly that enhances their independence and helps them feel less isolated.

Volunteering makes it possible for older Vermonters to stay in their homes as long as possible – a desire many of us share. At the same time, connecting with neighbors gives volunteers opportunities to live healthy, active, and productive lives.

There are extraordinary individuals in the Kingdom who love giving to the communities in which they live. You can find them leading our Growing Stronger fitness work-outs, Tai Chi wellness classes, and A Matter of Balance. Behind the scenes, they also help out in countless ways, from stuffing envelopes to getting ready for a public fundraiser.

We often are so busy that we forget the simple joy of a leisure drive with a delightful friend. The Council has another network for those 55 and up called Senior Companions. One of our members, conscious of the brief growing season, took her elderly client out for a drive to look at the neighborhood gardens and topped it off with a stop at an ice cream shop. As Vermont's elderly population is growing at a rate of 20 percent faster than the national average, we are logging more requests for a Senior Companion. This is an ideal setting for the right person (man or woman) and comes with training.

Meals on Wheels is another chance to impact the lives of others. We have countless routes around the Kingdom where volunteers deliver a nutritious-balanced meal prepared by one of our contracted kitchens to an elderly resident who can't get out. Many rely on this meal and the social contact that comes with it. It's also a check-in should anything happen. Drivers experience the investment of the heart which so often happens when people are thankful for your support. We are always on the look-out for drivers and substitutes.

A related program is Pets for Life, a wonder-

ful outreach that feeds the companion animals of those who get Meals on Wheels. We gratefully accept donations of food for dogs, cats, and birds, or financial gifts that help us purchase food. Do you love animals? Want to help us make deliveries? About five hours a week is all it takes.

Coming up is a unique volunteer opportunity to help our State Health Insurance Assistance Program as a volunteer Medicare counselor. We are looking for those who can fearlessly thread the needle through the complex options of Medicare Parts, A, B, C and D; the more than 20 prescription drug plans; the 19 Medicare Advantage plans, plus assorted Medigap supplemental insurance policies. Training will be available. If you like the challenge of making the complicated simple, this could be the volunteer opportunity of a lifetime.

Marjorie Moore, executive director of Mind'sEyeRadio which serves people who cannot read the printed word, expressed it best: "Volunteering is the ultimate exercise in democracy. You vote in elections once a year, but when you volunteer, you vote every day about the kind of community you want to live in."

**KAREN BUDDÉ**  
NEK Council on Aging



Karen Budde (booh-dah) is a first generation American, and the daughter of educators. She was born and raised in the Kingdom where, besides a five-year commitment to the United States Army, she has lived all her life. Volunteers are welcome to contact Karen via info@NEKCouncil.org or 800-642-5119.



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# RETIREMENT PLAN CONSIDERATIONS AFTER 50

How should you view and manage your retirement savings plan after 50? Following are some points to consider.

## Reaching your peak earning years

The latter stage of your career can bring a wide variety of challenges and opportunities. Older children, college bills, aging parents, and health-care expenses, may begin to eat up a larger portion of your budget. And those pesky home and car repairs never seem to go away.

On the other hand, with 20+ years of work experience behind you, you could be reaping the benefits of the highest salary you've ever earned.

With more income at your disposal, now may be an ideal time to kick your retirement savings plan into high gear. If you're age 50 or older, you may be able to take advantage of catch-up contributions, which allow you to contribute up to \$24,000 to your employer-sponsored plan in 2016. In addition, if you haven't yet met with a financial professional, now may be a good time to do so. A financial professional can help you refine your savings goal and investment allocations.

## Preparing to retire

With just a few short years until you celebrate the major step into retirement, it's time to begin thinking about when and how you will begin drawing down your retirement plan assets.



You might also want to adjust your investment allocations with an eye towards asset protection (although it's still important to pursue a bit of growth to keep up with the rising cost of living). A financial professional can become a very important ally in helping to address the various decisions you will face at this important juncture.

## You may want to discuss:

Health care needs and costs, as well as retiree health insurance

Income-producing investment vehicles

Tax rates and living expenses in your desired retirement location

Part-time work or other sources of additional income

## Estate planning

You'll also want to familiarize yourself with required minimum distributions (RMDs). The IRS requires that you begin drawing down your retirement plan assets by April 1 of the year following the year you reach age 70½. If you continue to work for your employer past age 70½, you may delay RMDs from that plan until the year following your actual retirement.<sup>5</sup>

## Other considerations

As you make decisions about your plan on the road to retirement, be sure to review it alongside your other savings and investment strategies. While it's generally not advisable to make frequent changes in your retirement

plan investment mix, you will want to review your plan's portfolio at least once each year and as major events (e.g., marriage, divorce, birth of a child, job change) occur throughout your life.

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# 6 TIPS TO MAINTAIN A HEALTHY, BEAUTIFUL MIND

Personal choices go a long way toward staying sharp as you age. Here's how to lead a brain-healthy lifestyle that can prevent and delay cognitive decline

**BY MARLA R. MILLER**  
CTW Features

Aging is inevitable, but scientists now know that memory loss doesn't have to accompany it. In fact, the brain can regrow brain cells and reshape their connections throughout life.

Staying mentally sharp as you age has a lot to do with diet, exercise and lifestyle habits, doctors say, and the earlier you adopt healthier behaviors, the better.

"The first is a heart-healthy diet and exercise plan," says Dr. Milap Nowrangji, assistant professor of psychiatry and behavioral sciences at Johns Hopkins University and medical director of Johns Hopkins Memory and Care Program at Grand Oaks Sibley Memorial Hospital. "All the same recommendations a cardiologist might recommend are the same things we would recommend for brain health."

Those things focus on daily choices within your control: regular exercise, eating heart-healthy foods and fats that reduce inflammation and encourage energy production, stimulating and challenging the brain, getting adequate sleep, finding ways to manage and reduce stress and staying socially connected.

"The short statement to my patients is to live as healthy of a lifestyle as they can," says Dr. Edward Zamrini, a neurologist with expertise in cognitive neurology and geriatric neurology and medical director of the Cleo Roberts Memory Clinic at Banner Sun Health Research Institute in Arizona. "It's important to remember living a healthy lifestyle is a process over years. The earlier we start the better. The more of these that you do, the more it adds up."

In 2016 an estimated total of \$236 billion will go toward treating Alzheimer's and other forms of dementia, when including the payments from the government, private insurance and out-of-pocket costs, according to a report from the Alzheimer's Association. The disease affects 11 percent of people 65 and older and currently there is no cure.

Alzheimer's disease, which is linked to the build-up of proteins in the brain, is just one form of dementia. There are many lifestyle factors that can kill brain cells or contribute to memory loss, including excessive alcohol and drug abuse, heavy cigarette smoking, head injuries, stroke, sleep deprivation, severe stress, vitamin B12 and D deficiency and illnesses such as depression, thyroid problems and vascular dementia, a type of mental decline that's thought to be caused by reduced blood flow to the brain.

Doctors and researchers that specialize in brain health and dementia-related diseases say brain health is linked to heart health, among other things. Conditions associated with heart disease – high blood pressure, high cholesterol and diabetes – have been linked to memory problems.

Their prescription for staving off Alzheimer's and other forms of dementia is rather straightforward and backed by research.

## 1. Exercise Daily

"We have to start with the basics. That's always so boring – diet, exercise and stress reduction," says Dr. Christiaan Leeuwenburgh, chief of the Division of Biology of Aging in the University of Florida College of Medicine's Department of Aging and Geriatric Research, Gainesville. "If you can't reduce your stress, control your diet and increase movement, don't try to substitute this with specific supplements or game activities."

Leeuwenburgh's research interests are aging and mitochondrial biology. Studies have shown that people who participate in lifelong exercise on average live two years longer than those who do not exercise. Plus, there is substantially less disease among regular exercisers.

New clinical evidence shows the importance of being active and incorporating movement throughout the day, whether that's walking, dancing or gardening, he says. For those who sit for most of the day, Leeuwenburgh suggests bringing a treadmill to the office, taking short walks or using a stand-up

See **Mind**, Page 23



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# MOVE IT OR LOSE IT

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role in staying healthy. “We’re working with people more to stop injuries before they happen,” says Eastman. “Prevention is definitely the future of health care. Some of our preventative efforts include working with Indian Stream Health Center and its Matter of Balance program to help reduce falls; providing educational lectures on how to stay fit and avoid injuries; and we’re an affiliate with the North Country Community Recreation Center in providing aquatic pool therapy. We also offer a maintenance therapy program for anyone who has reached a therapy plateau and feels they need continued support keeping active. We provide individual advice and treatment to address any physical challenges, optimize movement, and help in achieving functional goals. We want you to stay fit, active, and mobile as you age.”

If medical conditions or injuries do slow you down, numerous operative and non-operative procedures are available to get you back on your feet. Today, procedures such as knee or hip replacements are commonplace and can restore or enhance your mobility. At Upper Connecticut Valley Hospital, we offer orthopedic care from Paul Kamins, MD, and Jessica Lorenz-Armstrong, PA-C. We also offer specialized treatments such as physical therapy, hand therapy, lymphatic therapy, and dry needling to release pain in muscle aches to enhance mobility.

“We are dedicated to working closely with our patients to provide personal rehabilitation and treatment to keep you moving,” Eastman says. “Today there is more direct connection between medical providers and rehab providers and the patient. Everyone interacts for the benefit of the patient, developing individual treatments to keep you healthy and active. We teach you how to establish good habits at home so pain is reduced and keep your body healthy and ready for activity. Again, the key to a long, healthy life is to keep moving.”

People over age 50 have redefined aging and are healthier and more active than at any time in history. But as we age, we often lose strength, flexibility, and balance and are more prone to injury. All of this makes staying fit after 50 more challenging, especially if medical conditions such as arthritis or shoulder, knee or hip problems gets in the way of keeping us active.

Yet today, staying fit is still possible even with such conditions. With proper medical treatment, orthopedic care and physical rehabilitation, you can restore and maintain an active lifestyle, enhance your health and even minimize your risk of further injury. You no longer have to slow down as you age.

“Our bodies are amazing,” says Derek Eastman, rehabilitation services director at Upper Connecticut Valley Hospital. “They have the ability to heal on their own. But if you run into problems, or are recovering from surgery, we can work with you to speed up your healing, get you back to normal function, and also prevent long-term problems. The key is staying active. Studies have shown that the rate of arthritis in active versus

non-active people is essentially the same. But the amount of pain you experience from arthritis is often dramatically less in people who are active. So my advice for anyone over 50 is to keep moving.”

The days of telling people over 50 to curtail physical activities they enjoy because of health concerns is over. “That’s a thing of the past,” Eastman says. “Rehab today isn’t just about helping you do the things you need to do. It’s about helping you achieve goals so you can do the things you want to do. If you love to hike, we will work with you to get back to hiking.”

Prevention also plays a big





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# SEEK BETTER HEALTH IN A BOX OF CRAYONS

## Why adult coloring books are good for your mind, body and soul

BY CARLEY LINTZ  
CTW Features

Work got you stressed? Instead of unwinding by binging the latest season of “Game of Thrones,” you might want to pop open a box of crayons instead.

Coloring books for adults are the latest craze for people looking for a new way to relax and de-stress. Nearly 12 million of these books, which typically feature intricate floral or geometric designs, were sold last year according to Nielsen Bookscan.

“The popularity has been driven by a few factors. First, the beauty and intricacy of the coloring books appeals to adults,” says Ben Michaelis, Ph.D., clinical psychologist, New York City. “Second, the constant barrage of stress and technology is leaving people craving non-screen time. Finally, the fact that it is not just about coloring but that it has health benefits allows people who might otherwise refrain from coloring to give it a try.”

Here are three ways adult coloring books may benefit your health:

1. Getting creative can trigger the release of endorphins

The creative process of coloring actually engages several areas of the brain that can produce endorphins. Plus, coloring books are goal-or-

ented; they’re a quick and easy way to get a sense of gratification according to a statement from the American Art Therapy Association (AATA). So once you successfully complete a page, you can get another rush of fuzzy-feeling endorphins.

2. Coloring can soothe your stressed out amygdala

Research suggests that the repetitive act of coloring allows your amygdala (the part of the brain that processes emotions and stress) to relax. Coloring complex geometric patterns, like mandalas, is especially effective and may induce a meditative state according to a 2005 study published in *Art Therapy: Journal of the American Art Therapy Association*.

They also can help adults deal with grief and illness.

“When I was widowed in my thirties, pregnant and with two small children, I did not know how I would survive,” says Deborah S. Derman, Ph.D., a grief counselor and creator of the new adult coloring book, “Colors of Loss and Healing: An Adult Coloring Book for Getting



time. Just pick up a pencil, and fill in one small space. Don’t worry about filling in the whole page or completing the whole book. Healing from loss is a lifelong process. We need to make meaning of the loss as we move forward in our lives.”

3. Coloring can be a great workout for your fine motor skills

Adult coloring books often feature elaborate designs with lots of tiny details, so staying the lines can be a challenge. Luckily, that’s actually good for your health. “There are positive effects of the practice of fine motor skills that are necessary in coloring,” Michaelis says. “These skills tend to diminish with age so it is helpful exercise for people later in

Through Tough Times” (CreateSpace, 2016).

Derman called upon her experiences working with families of 9/11 victims, as well as her personal tragedies, including surviving breast cancer, the suicide of a close friend and the death of both of her parents in a plane crash. “The emotional and physical pain was just too great to handle. I made a deal with myself to try to live for just one hour at a time. I looked at my watch at 10 a.m., thinking that I would just try to live until 11. Coloring, for me, is a beautiful metaphor for taking things one small step at a

life.”

It’s important to note, though, that there’s a distinct difference between recreational coloring and art therapy. While coloring has many benefits and is a great way to practice self-care, it’s not a replacement for art therapy, which requires the guidance of a trained art therapist.

So, the next you’re feeling tense or overworked, try picking up a pack of pencils and channeling your inner child with a beautiful and fun adult coloring book.

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# EDUCATION AS PART OF YOUR WELLNESS PLAN

BY KRISTEN MILLER

White Mountains Community College

As an admissions counselor, I've often heard the old adage, "I'm too old to go back to school."

I wholeheartedly disagree with my prospective students. My father received his nursing degree when he was 50. He hadn't been to school since officer training school when he was in his mid-twenties. My mother is a lifelong learner, moving from bachelors, to masters, to advanced graduate studies. My grandparents decided in the late 1990s that they needed to jump on the technology super highway and become computer literate. I believe their old PC collected more dust than emails.

Continuing an education is not just for those in early adulthood, or for people seeking a career change. Individuals in their fifties and beyond can experience many benefits of college coursework, whether it is for credit, experience or simply for fun. Community colleges offer a variety of programs that can contribute to a person's interests, professional life or academic pursuit. My grandparents took computer courses at a local community college be-

cause, at the time, they thought they would email us while we were away at school. They did, until they moved on to their next ambition, traveling.

Furthermore, as our professional lives take hold of our daily operations, working or retired individuals may wish to develop their skills in a trade or hobby they once loved: baking, cooking, mechanics, or the fine arts. A friend of mine continued her education at 60 because in her "retirement" she needed to continue to work, something many seniors are facing today. She's enjoying her time assisting a local florist.

Taking courses can also contribute to more than just the educational experience. Working with classmates from all generations, students can discover qualities they never knew existed. All colleges have a wide range of individuals that make up the student body. Some may need mentors, others may need tutors. All are looking to make additional friends. Students over 50 have experiences that other's haven't and can offer these attributes to the school's community, helping to create a safe, comfortable and compassionate learning environment.

It is never too late to begin or continue an education. Besides the academic benefits, according to U.S. News, "doing brain activities, such as reading in middle age and later may help delay or prevent memory loss." And, we've all heard that laughing helps the heart grow stronger. So, grab your books, make some friends and see what's out there for continuing education!

## Sleep

Continued from Page 15

Interestingly, Morganthaler says, another study revealed that if you correct their infirmities, older people actually complain less about sleep issues than younger people.

Physiological changes, too, can impact our sleep as we age. Because of changes in melatonin levels and our circadian rhythm, we also tend to fall asleep earlier as we age. This can be a problem, especially if we nap, experts say.

"Let's say you take a nap in the afternoon for two hours," Morganthaler says. "Now you only need five more hours of sleep that night, so after you go to bed, you wake up at 2 a.m."

If you can't help but take an afternoon siesta, set your alarm. Mackiewicz says naptime should be no longer than 20-30 minutes per day.

### Our Environment and Sleep

"Bed is for sleeping, not for doing your homework or watching a horror movie on your computer," Mackiewicz says.

"Blue" light from computer monitors and smart phones are disruptive to sleep, Mackiewicz says. So, too, is getting up at night and switching on a light, be it in the bathroom or kitchen. Our internal clock thinks the sun is rising. Use a nightlight, instead.

Make sure your sleeping environment is comfortable, as well. Not too cold or too noisy. Take time to unwind by listening to music or taking a hot bath, which Mackiewicz says can help you relax due to the drop in body temperature after you get out of the tub.

If you just cannot sleep after 20 minutes, Mackiewicz recommends against tossing and turning as you try to count sheep. Says Mackiewicz: "If you can't fall asleep in 20 minutes, get up and do something."



Cyan Magenta Yellow Black

Kristen Miller is an Admissions Counselor at White Mountains Community College and former high school English teacher. She has her Masters of Science in Educational Leadership and is currently working on her Doctor of Education in higher education management and leadership. She lives in North Conway with her husband, daughter and dog Briko. An avid skier, hiker and lover of books, she has a passion for the White Mountains and will always call them home. Her closest friend is her grandfather, Pipi.

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# Mind

Continued from Page 19

desk or ball chair.

“Park the car farther away, take the stairs,” he says. “We need to have movement. It doesn’t have to be structured exercise in the gym.”

## 2. Eat a Healthy Diet

What you put in your body matters. Leeuwenburgh points to the Okinawa Centenarian Study and population of centenarians living on the Japanese Okinawa islands. Their diet was basically plant-based, including mangoes, papayas, greens, some root vegetables including sweet potatoes and fish, and many of them stayed active throughout the day. “They ate very little and ate basically from nature,” he says.

Nowrangi and Zamrini echo those sentiments, encouraging people to get some type of cardiovascular exercise for 30 minutes most days and limit or avoid starchy, fried and processed foods, and don’t eat too much red meat. Nowrangi recommends the Mediterranean diet, which emphasizes foods that are rich in omega-3 fatty acids and low in saturated fats. Several epidemiological studies show that following a Mediterranean diet dramatically reduces the risk of cognitive impairment and Alzheimer’s disease. It’s a diet focused on vegetables, fruits, beans, nuts, whole grains, fish, olive oil and limited dairy and meat.

Omega-3 fatty acids are essential for the growth, development and healthy maintenance of the brain and may reduce the risk of heart disease. You have to get them through food and the best source is fish, such as salmon, tuna and halibut, as well as other seafoods, some plants and nut oils. A quality omega-3 or fish oil supplement is another way to get the recommended dose.

Folic acid, vitamin B12, vitamin D and magnesium also are believed to preserve brain health. Studies of vitamin E, coenzyme Q10, ginkgo biloba, turmeric and coconut oil are less conclusive, but may help in the prevention of Alzheimer’s and dementia symptoms. Melatonin can help to reestablish healthy sleep patterns for people who suffer from insomnia.

## 3. Go to Bed

Speaking of sleep, many working adults and even retirees struggle with sleep, but it’s important to figure out your natural sleep cycle and your body’s sleep requirements and try to stay on a regular sleep schedule.

“If you need eight hours and have to get up at 6 a.m., then don’t go to bed at midnight. It’s going to catch up to you,” Zamrini says. “When you’re sleep deprived, you can’t absorb information as well. One of the important things about sleep is it helps consolidate memories. It gives your brain a chance to review its day and put things in their right place. If you don’t sleep enough, the brain doesn’t have enough time to do that.”

There also are several medications that can interfere with memory and may increase the risk of Alzheimer’s disease in elderly patients, so people should research side effects or talk to their doctor about alternatives. The list includes benzodiazepines used to treat anxiety, statins to lower cholesterol, anti-seizure and antidepressant drugs, narcotic painkillers, beta-blockers for hypertension, sleeping aids, antihistamines and anticholinergic drugs used to treat incontinence.

## 4. Stimulate the Mind

Beyond diet and exercise, the doctors say social and mental stimulation play an important role in delaying cognitive decline. Whether it’s joining a sewing or gardening club, church group or taking up golf or



dancing, maintaining social interaction and learning new things helps fortify brain connections.

“When people are isolated and keep to themselves, they do a lot more poorly than people who are networking,” Nowrangi says. “The answer is doing something, but not necessarily things that require you to spend a lot of money.”

That could include reading, attending a free lecture or concert or participating in programs at the public library or local senior center. Brain games like Sudoku and crossword puzzles have become popular, but taking a painting or photography class or even an educational course has both mental and social benefits.

“If you’re doing the same thing over and over, you don’t stimulate the brain cells as well,” Leeuwenburgh says. “Look at different challenges and undertake different activities, not only physically but mentally. Come up with a list of things that are new to you so you can challenge the brain.”

Limit time on the couch and in front of the television. “Too much TV does not equate keeping your brain active. That’s not a brain activity, that’s a passive activity,” Zamrini says.

Do things to protect your brain, like wearing a helmet while bicycling or skiing. And make sure to have regular hearing tests, as several studies have found hearing loss can contribute to cognitive decline in older adults and increase the risk of Alzheimer’s disease.

It’s never too late to start healthier brain habits, but Nowrangi says the 50-plus crowd should spread the message to their children and grandchildren.

“When you strengthen the organ that you depend on in your younger years, you develop cognitive reserve,” he says. “Continuing education at the local community college is an excellent way to stay active intellectually and socially. Put that together with some physical activity and you’ve got it made; you’re staying active in all three different areas.”

## 5. Manage Stress

Paying attention to emotional health and psychosocial stress, along with how one manages stress, is another component of an Alzheimer’s

prevention plan. Chronic stress elevates cortisol and other hormones, which has a negative effect throughout the body. Zamrini suggests activities like tai chi, yoga and meditation to help clear the mind and relieve stress.

Leeuwenburgh says nature is the solution to a lot of stress reduction, as well as a natural mood and brain booster. Take advantage of state and national parks, visit the beach, or go for a walk in the woods with a friend.

“There are a few papers out there to scientifically prove it, but it’s just common sense to walk in open space and see life at its fullest and enjoy the trees and the birds,” he says. “It’s all there, you just have to get your base and then it doesn’t hurt to take a bit of vitamin D, omega 3s and just go on with my list. We all want to get old without disease. If people would just focus on that, they don’t have to be at the doctor for the last 10 to 15 years of their life.”



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